PERMIT # 158674

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program Important: Read the instructions on pages 1-9.

A1. Building Owner's Name KIRK HANNA	For Insurance Company Use:
	Policy Numl
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2053 LEES LANDING CIRCLE	Company N Br
City CONWAY State SC ZIP Code 29529	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ALL SAINTS LANDING LOT 123 PHASE III, TMS# 124-00-03-060	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. N33-50-55 Long. W078-59-18 Horizontal Datum: A6. Attach at least 2 photographs of the building if the Codificate in the investment of the codificate in the codificate in the investment of the codificate in the co	□ NAD 1927 ⊠ NAD 1983
AR For a building with a security	
a) Square footage of crawispace or enclosure/s) N/A on A	ned garage:
b) No. of permanent flood openings in the crawlenges or	ned garage <u>N/A</u> sq ft
enclosure(s) within 1.0 foot above adjacent grade. N/A	ppenings in the attached garage acent grade N/A
d) Engineered flood enacting a flood of flood of the flood of floo	penings in A9 h N/A en in
d) Engineered flood openin	gs? 🛘 Yes 🖾 No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP Community Name & Community Number HORRY COUNTY 450104 B2. County Name HORRY	3. State
R4 Man/Panel Number OE 0.45	
45051CO530 H Date Effective/Revised Date Zone(s) 09/17/2003 08/23/99 AF	AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.	14
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe)	
811. Indicate elevation datum used for REE in Item BO. M. NOVO 1000	
D12. Is the building located in a Coastal Partier Resources System (CDDS)	
Designation Date CBRS _ OPA	🗋 Yes 🖾 No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED	31
C1. Building elevations are based on:	
"A new Elevation Certificate will be required when construction of the building in account	Finished Construction
U. Elevations ~ Zones A1-A30, AE AH, A (with REE), VE 1/1 1/20, 1/ (with SEE), AB, AB, AB, AB, AB, AB, AB, AB, AB, AB	1040 0
	ARVAO. Complete Items C2.a-h
Benchmark Utilized IBM 18DDD-9 Vertical Datum NGVD 29	
Conversion/Comments N/A	
(a) Top of bottom floor (including basement, consular see a secretary of a second seco	nt used.
h) Top of the part higher float Clawispace, or enclosure floor) 18.95	Rico only)
c) Bottom of the lower beginning the control of the lower beginning the lower beginning the control of the lower beginning the	Rico onty)
d) Attached garage (for of eleb)	
(P) I dwest elevation of machines are a second of meters (Pueno H	Rico only)
(Describe type of equipment and location in Comments)	Rico only)
1) Owner adjacent (Snighad) === 1	
6) Highest adjacent (Friebs I) and the state of the state	lico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including 8.0	lico only)
structural support	iico onty)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available.	
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	1 557 7729/2
☑ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a	Sound Land of
/ licensed land surveyor? ☑ Yes ☐ No	
Continue blows 15 (II) large and	© No. 21617 🖺
clocked Humber 2101)	
Title PROFESSIONAL LAND SURVEYOR Company Name ENGINEERING AND TECHNICAL SERVICES	13/200
Address 58 CENTERMARSH LN. City PAWLEYS ISLAND State SC ZIP Code 29585	S BIGG.
Signature Date 05/10/2011 Telephone 843-237-3002	-
EMA Form 81-31, Mar 09 See reverse side for continuation	

MECOTANT				
	spaces, copy the corresponding in		ı A.	For Insurance Company Use:
Building Street Address (incl 2053 LEES LANDING CIRC	uding Apt., Unit, Suite, and/or Bldg. No.) LE	or P.O. Route and Box No.		Policy Number
City CONWAYState SC Z	·		·······	Company NA
S	ECTION D - SURVEYOR, ENGINE	ER, OR ARCHITECT CE	RTIFICATION (CON	ITINUED)
Copy both sides of this Eleva	ation Certificate for (1) community official,	(2) insurance agent/compa	ny, and (3) building ow	ner.
Comments C2.e) A/C PAD			······	
, , ,	_			
1/1	2. Datt			
Signature		Date 05/10/201	1	
				Check here if attachments
SECTION E - BUILDI	NG ELEVATION INFORMATION (S	URVEY NOT REQUIRE	D) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
For Zones AO and A (withou	it BFE), complete Items E1-E5. If the Ce	rtificate is intended to suppo	of a LOMA of LOMP-E	request complete Sections A. B.
and C. For Items E1-E4, use	e natural grade, if available. Check the n	neasurement used. In Puerl	o Rico only, enter mete	ers.
E1. Provide elevation infor	mation for the following and check the ap	propriate boxes to show who	ether the elevation is al	pove or below the highest adjacent
grade (HAG) and the id	owest adjacent grade (LAG). including basement, crawlspace, or enck	neuma) io	7 feet □ meters □	above or D below the HAG.
b) Top of bottom floor (including basement, crawispace, or encli	osure) is	☐ feet ☐ meters ☐	above or below the LAG.
E2. For Building Diagrams	6-9 with permanent flood openings provide		Vor 9 (see pages 8-9 o	f Instructions), the next higher floor
(elevation C2.b in the o	liagrams) of the building is	_ ☐ feet ☐ meters ☐ a	above or 🔲 below the	HAG.
E3. Attached garage (top o E4. Top of platform of maci	f slab) ishinery and/or equipment servicing the bu	meters 🔲 above or 🔲 b		
	od depth number is available, is the top			
ordinance? Yes [☐ No ☐ Unknown. The local official n	nust certify this information i	n Section G.	community s noodplain management
	ECTION F - PROPERTY OWNER (ICATION
	's authorized representative who complet			
or Zone AO must sign here.	The statements in Sections A, B, and E a	re correct to the best of my	zone a (without a FEIV knowledge.	A-issued of Continunity-Issued BFE)
	Authorized Representative's Name			
Address		City	State	ZIP Code
Signature		Date	Telephor	e
Comments			· · _ · _ · _ · _ · _ · _ · _ · _ ·	
Comments				
	SECTION C. COMM	UNITY INFORMATION	OSTIGNALI	Check here if attachments
The local official who is authori	zed by law or ordinance to administer the			an application of the Continue
and G of this Elevation Certifica	ate. Complete the applicable item(s) and	sign below. Check the mea	isurement used in Item	s G8 and G9.
G1. The information in Se	ection C was taken from other documenta	ition that has been signed a	nd sealed by a licensed	Surveyor engineer or architect who
is authorized by law t	to certify elevation information. (Indicate	the source and date of the ϵ	elevation data in the Co	mments area below.)
	completed Section E for a building locate			issued BFE) or Zone AO.
G3. The following information of the Gallery of the	ation (Items G4-G9) is provided for comm	unity floodplain manageme	nt purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Da	te Certificate Of Compl	iance/Occupancy Issued
<u> </u>			<u>'</u>	
G7. This permit has been issu		Substantial Improvement		
	st floor (including basement) of the building	g: 🗆 feet	🔲 meters (PR) Datum	
G9. BFE or (in Zone AO) dept	h of flooding at the building site:		meters (PR) Datum	
G10. Community's design flood	elevation		meters (PR) Datum	
Local Official's Name		Title		
Community Name	·	Telephone	1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7,5,4
		`		
Signature		Date		
Comments				
				☐ Check here if attachments